

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 875)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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49				
50				
TOTAL IND.	2			
TOTAL DEP.				
TOTAL CLAIMS	7			

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-360 (5-78)

DO NOT USE FOR ADDITIONAL CLAIMS OR AMENDMENTS

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